PATENT APPLICATION SERIAL NO.

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

01/30/2004 GWORDOF1 00000046 192042 10707989

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> PTO-1556 (5/87)

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Title of Invention:

Plasma Processing Apparatus

First Named Inventor:

Toshikuni Shinohara

Domestic/Foreign Application:

Domestic Application

Filing Date:

2004-01-30

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Deposit Account Number:

192042

Deposit Account Name:

Steven Roberts

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

RHM-US020574

(Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
F	OTAL CLAIMS				(COIL	· (100)	١,	TYPE [OR	SMALL	,	
TOTAL CLAIMS			36					RATE	FEE	՝	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			50min	nus 20=	<u>* 30</u>			X\$ 9=		OR	X\$18=	SYO	
INDEPENDENT CLAIMS			5 minus 3 = * ° 2					X43=		OR	X86=	172	
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1,482	
CLAIMS AS AMENDED - PART II											OTHER		
		(Column 1)	(Colum		(Column 3)	ı ·	SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	01.444	=		X43=	-	OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
	1 17 00 21 12							TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Ŭ,			
								+145=		OR	+290=		
		Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE							
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus .	**		= .		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=	十	X43=	1		X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	the "Highest Nur	nber Previously Pai	d For IN THIS	SPACE is I	less than	20. enter "20."	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
7	he "Highest Num	mber Previously Pa ber Previously Paid	For" (Total or	Independen	iess than it) is the l	i 3, enter "3." highest number			opriate box				